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Practitioner's Pocket No. 64,610-043A

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kenneth P. Rodbell

Serial No. 10/ 055,134

Group No.: 1753

Filed: Jan. 22, 2002

Examiner: Phasge, Arun S.

For: Method for Plating Copper Conductors and Devices Formed

Mail Stop: Appeal
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant hereby appeals to the Board from the decision of the Primary Examiner mailed Nov. 4, 2004 finally rejecting claims 28 - 30.

The item(s) checked below are appropriate:

1. STATUS OF APPLICANT
This application is on behalf of

- ☒ other than a small entity.
- ☐ a small entity.
A verified statement
 - ☐ is attached.
 - ☐ was already filed on _____.

2. FEE FOR FILING NOTICE OF APPEAL
Pursuant to 37 C.F.R. 1.17(e) the fee for filing the Notice of Appeal is:

- ☐ small entity \$250.00
 - ☒ other than a small entity \$500.00
- Notice of Appeal fee due: \$ 500.00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is, on the date shown below, being:

- ☒ MAILING
deposited with the United States Postal
Service filed by first class in an envelope
addressed to : Commissioner
for Patents, Alexandria, VA 22313-1450

Kathy Dixon

Date: Feb. 4, 2005

02/14/2005 MAHRED1 00000010 500510 10055134

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3. EXTENSION OF TERM

NOTE: The time periods set forth in 37 C.F.R. 1.191 are subject to the provision of §1.136 for patent applications. 37 C.F.R. 1.191(d). (But see 37 C.F.R. 1.645 for extension of time in interference proceedings and 37 C.F.R. 1.550(c) for extension of time in reexamination proceedings).

(complete (a) or (b), as applicable)

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$225.00
<input type="checkbox"/>	three months	\$1,020.00	\$510.00
<input type="checkbox"/>	four months	\$1,590.00	\$795.00

Fee \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

or

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$ 500.00

Extension fee (if any) \$ _____

TOTAL FEE DUE: \$ 500.00

5. FEE PAYMENT

- ☐ Attached is a Credit Card Payment Form in the sum of \$ 0
☒ The Commissioner is hereby authorized to charge Deposit Account No. 50-0510 the amount of \$500.00

A duplicate copy of this transmittal is attached.


6. FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, 1065 O. G. 31-33.

- ☒ If any additional extension and/or fee is required, charge Deposit Account No. 50-0510 (a duplicate copy of this letter is enclosed)

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 50-0510 (a duplicate copy of this letter is enclosed)



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